

SERFF Tracking Number: METK-128538427 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFFS)
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
 Product Name: Group Variable Annuity Application (MFFS)
 Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Variable Annuity SERFF Tr Num: METK-128538427 State: Arkansas

Application (MFFS)

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num:
 Closed

Sub-TOI: A03G.002 Flexible Premium Co Tr Num: GROUP VARIABLE State Status: Approved-Closed
 ANNUITY APPLICATION (MFFS)

Filing Type: Form

Reviewer(s): Linda Bird
 Disposition Date: 07/12/2012
 Authors: Karen Foley, Barry
 Sullivan, Janice Bellot
 Date Submitted: 07/10/2012 Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: Group Variable Annuity Application (MFFS)

Project Number: FFS 403B APP VER1 (06/12)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Trust

Filing Status Changed: 07/12/2012

State Status Changed: 07/12/2012

Created By: Janice Bellot

Corresponding Filing Tracking Number:

Filing Description:

Enclosed are copies of the above referenced forms. Forms FFS 403B APP VER1 (06/12), FFS-VER1 LGWB-R (06/12), MFFSVER1APP SS (06/12), and MFFSVER1-SS-LGWB (06/12) are new do not replace any previously approved forms.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Janice Bellot

These applications will be used with our Flexible Purchase Payment Deferred Variable Annuity Certificate form, G.FFS (08/02) that was previously approved by your Department. It will be made available to all Eligible Employer Groups

SERFF Tracking Number: METK-128538427 State: Arkansas
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Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFSS)
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: Group Variable Annuity Application (MFSS)
Project Name/Number: Group Variable Annuity Application (MFSS)/FIS 403B APP VER1 (06/12)

(which would include Corporations, Partnerships, Privately Owned Companies and Non-Profit Organizations) and their Eligible Employees.

These forms have been completed in John Doe fashion. These forms are being submitted in final printed format and are subject to only minor modifications in paper size and stock, ink, border, company logo, typographical errors and adaptation to computer printing.

A readability score has not been included with this filing as the policy to which these applications are attached is a variable annuity, which is subject to federal jurisdiction and is exempt from readability requirements.

These forms have been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in accordance with the circumstances of a particular case or insured. These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, company logo, typographical errors and adaptation to computer printing.

Thank you for your review of this filing.

State Narrative:

Company and Contact

Filing Contact Information

Karen Foley, Director, Annuity Policy Bureau kbfoley@metlife.com
501 Boylston Street 617-578-3128 [Phone]
Boston, MA 02116 617-578-5505 [FAX]

Filing Company Information

| | | |
|-------------------------------------|---------------------------|-----------------------------|
| Metropolitan Life Insurance Company | CoCode: 65978 | State of Domicile: New York |
| 200 Park Avenue | Group Code: 241 | Company Type: Life |
| New York, NY 10166 | Group Name: MetLife Group | State ID Number: |
| (617) 578-2000 ext. [Phone] | FEIN Number: 13-5581829 | |

Filing Fees

| | |
|------------------|--|
| Fee Required? | Yes |
| Fee Amount: | \$200.00 |
| Retaliatory? | Yes |
| Fee Explanation: | Metropolitan Life Insurance Company domicile is New York. No fee required. Arkansas Filing |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|----------|----------------|---------------|
| Metropolitan Life Insurance Company | \$200.00 | 07/10/2012 | 60756406 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 07/12/2012 | 07/12/2012 |

SERFF Tracking Number: *METK-128538427* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *GROUP VARIABLE ANNUITY APPLICATION (MFFS)*
TOI: *A03G Group Annuities - Deferred Variable* *Sub-TOI:* *A03G.002 Flexible Premium*
Product Name: *Group Variable Annuity Application (MFFS)*
Project Name/Number: *Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)*

Disposition

Disposition Date: 07/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METK-128538427 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFSS)

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFSS)

Project Name/Number: Group Variable Annuity Application (MFSS)/FFS 403B APP VER1 (06/12)

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | No |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Certification | | Yes |
| Supporting Document | Statement of Variability | | Yes |
| Form | Variable Annuity Application | | Yes |
| Form | Variable Annuity Application | | Yes |
| Form | Variable Annuity Application | | Yes |
| Form | Variable Annuity Application | | Yes |

SERFF Tracking Number: METK-128538427 State: Arkansas

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Form Schedule

Lead Form Number: FFS 403B APP VER1 (06/12)

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|---------------------------|---|-------------|---------|----------------------|-------------|----------------------------------|
| | FFS 403B APP VER1 (06/12) | Application/ Variable Annuity Enrollment Form | Application | Initial | | 0.000 | FFS 403B APP VER1 (06-12)_JD.pdf |
| | FFS VER1 LGWB-R (06/12) | Application/ Variable Annuity Enrollment Form | Application | Initial | | 0.000 | FFS-VER1 LGWB-R (06-12)_JD.pdf |
| | MFFSVER1 APP SS (06/12) | Application/ Variable Annuity Enrollment Form | Application | Initial | | 0.000 | MFFSVER1A PP SS (06-12)_JD.pdf |
| | MFFSVER1-SS-LGWB (06/12) | Application/ Variable Annuity Enrollment Form | Application | Initial | | 0.000 | MFFSVER1-SS-LGWB (06-12)_JD.pdf |

MetLife
Metropolitan Life Insurance Company(MetLife)
200 Park Avenue, New York, NY 10166-0188

Variable Annuity Application
MetLife Financial Freedom Select®
Non-ERISA Tax Sheltered Annuity (TSA)
Version 1

Administrative Office

MetLife
4700 Westown Parkway Ste. 200
West Des Moines, IA 50266

FOR COMPANY USE ONLY

No. _____

Contract No. _____

1. Employer Information (To be completed by Representative)

Check One: ☒ Existing Group: Employer Group # 1212

☐ New Group: If new group, complete the following:

(a) Employer _____

(b) Plan Name (If different) _____

(c) Address _____

(d) Employee I.D.# (If other than Social Security #) _____ Campus # _____

(e) Plan Participation Date _____

2. MetLife Financial Freedom Select Class Selection

Select One Class — If no class is selected, the B Class will automatically be chosen.

☒ B Class ☐ L Class

3. Certificate Applied for:

☒ 403(b) Tax Sheltered Annuity Check if: ☐ 501(c)(3)

4. Participant

| | | | |
|---|--|--|-----------------------------------|
| Name (First, Middle Initial, Last) <u>JOHN Q DOE</u> | | Marital Status <u>M</u> | Date of Birth <u>2/15/1977</u> |
| Street Address <u>123 MAIN STREET</u> | | Social Security # <u>987-65-4321</u> | |
| City, State, ZIP Code <u>ANY TOWN, USA 54321</u> | | Occupation <u>Teacher</u> | |
| Home Telephone # <u>555-617-5103</u> | Work Telephone # <u>555-444-3128</u> | Are you retired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Specify Citizenship: <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> Other _____ | | |
| E-mail Address: <u>jdoe@aol.com</u> | | | |

5. Primary and Contingent Beneficiary(ies)

| Beneficiary Type | Name (First, Middle Initial, Last) | Relationship to Participant | Social Security # |
|---|------------------------------------|-----------------------------|-------------------|
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | MARY DOE | WIFE | 1234-56-789 |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |

6. Contribution

| | Amount | Times per Year |
|---|---------------------------|----------------|
| Employee Salary Reduction ¹ : | | × |
| Additional Amount: | \$1,000.00 | × |
| Employee After-tax Deduction: | | × |
| Roth Employee Salary Reduction ¹ : | | × |
| Payroll Effective Date: | 4/15/2012 (mm/dd/yyyy) | |
| Lump Sum Direct Transfer Amount: | | |

Source of Funds for Transfer:

| | | | | | |
|------------------|----------------|------------------|-----------------|--------------|---------------|
| Annuity Contract | Pension Assets | Cert. of Deposit | Mutual Fund | Money Market | Bonds |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Stocks | Loan | Life Policy | Endowment | Real Estate | Other |
| _____ | _____ | _____ | _____ | _____ | _____ |
| | | | (Maturity Date) | | (Description) |

¹ I certify that I have entered into a separate salary reduction agreement with my employer for employee salary reduction contributions.**7. Replacement (Must be completed)**

- (a) Do you have any existing individual life insurance or annuity contracts? ☐ Yes ☒ No
- (b) Have you taken, or will you be taking, any money from a life insurance policy or annuity contract to put into the annuity you are applying for? This includes full or partial withdrawals of dividends or cash values, loans, pledging as collateral, reissuing with less cash value, suspension or reduction of premium loan or purchase payment, automatic premium or invoking an accelerated payment.
☐ Yes ☒ No

(Note: If "Yes", the Representative must complete a MetLife Annuity Replacement Questionnaire and provide details below regardless of whether state replacement rules apply. If "No", skip to Section 8.)

| Company Name | Policy/Contract # | Transaction Description (e.g., "Full withdrawal of cash value") | Check (✓) if Rev. Rul. 90-24 Transfer | Check (✓) if Group Life or Annuity |
|--------------|-------------------|--|---|--|
| | | | | |
| | | | | |
| | | | | |

8. Optional Riders (Available at time of application and may not be changed once elected. There are additional charges for the Riders)

☐ Annual Step-up Death Benefit ☐ The PredictorSM (Guaranteed Minimum Income Benefit)*

* Not Available in all States.

* The Guaranteed Minimum Income Benefit (GMIB) may have limited usefulness in a 403(b) plan. Required minimum distributions may have the effect of reducing or, in some cases, entirely eliminating the value of this benefit. If you think you would not exercise the GMIB benefit until after your required beginning date (i.e., April 1st after the later of the year you reach 70½ or the year you separate from service), you should consult your tax advisor to determine if the GMIB is appropriate for your circumstances.

9. Authorization & Signature(s)

(a) Notice to Applicant

Arkansas, Louisiana, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents Only: A person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky Residents Only: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents Only: A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Other Important State Notices

Notice to Applicants: Arizona Residents Only: Upon receipt of your written request, we will provide within a reasonable time period, factual information regarding the benefits and provisions of this Contract. This Contract may be returned for any reason if you are not satisfied with it. You may return the Contract within 10-days, or 30-days if you were 65 years of age or older on the date you applied for this annuity. If you return it within the 10-day or 30-day period your Contract will be cancelled. We will promptly refund your Purchase Payment less any income payment and withdrawals already made as of the Business Day we receive your Contract.

Massachusetts Residents Only: The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Interest Account and reallocation from the Investment Divisions to the Fixed Interest Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Interest Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Interest Account in the future. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED INTEREST ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Continued on Page 4

9. Authorization & Signature(s) Continued from Page 3**(b) Signatures**

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's *Notice of Privacy Policies and Practices*, the current prospectus for the MetLife Financial Freedom Select, and all required fund prospectuses. **I understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount.** I understand that as required by law MetLife Financial Freedom Select restricts distribution of my 403(b) contributions and earnings on them to the extent required by law until I am 59½, except under certain special situations. This does not restrict tax free transfers to other funding vehicles. I also understand that my contributions and earnings may be restricted as defined in the plan document. I understand that the Internal Revenue Code provides tax deferral for 403(b) arrangements and there is no additional tax benefit obtained by funding a TSA with a variable annuity.

It is conceivable that certain optional death benefits and living benefits could have adverse tax consequences. Consult your own tax advisor prior to purchase.

I understand that certain tax rules regarding designated Roth 403(b) contracts are not clear and that the Company has the right to allocate benefits, credits and charges between the designated Roth account and the non-Roth account under this contract or Certificate using a method it deems reasonable based on existing tax guidance.

Under penalties of perjury, I certify that (a) the Social Security Number shown on this form is my correct number, and (b) I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding and (c) I am a U.S. person (including a U.S. resident alien). (Note that you must cross out item (b) above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)

Location where application signed

Anytown, USA

City & State

Signature of Participant

John Q. Doe

Date

3/20/2012

10. Representative Information

Statement of Representative All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's *Notice of Privacy Policies and Practices*, prior to or at the time he/she completed the application form. I have also delivered a current MetLife Financial Freedom Select prospectus, and all required fund prospectuses; and reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifunded annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Participant signed this application. The Financial Industry Regulatory Authority (FINRA) is an independent regulator for all securities firms doing business in the United States.

Do you have reason to believe that the replacement or change of the existing insurance or annuity may be involved? ☐ Yes ☒ No

Signature of Representative

John Agent

Date

3/20/2012

Printed Representative Name (First, Middle Initial, Last)

JOHN AGENT

State License I.D.#

N/A

MetLife
Metropolitan Life Insurance Company(MetLife)
200 Park Avenue, New York, NY 10166-0188

Variable Annuity Application
MetLife Financial Freedom Select®
Non-ERISA Tax Sheltered Annuity (TSA)
Version 1

Administrative Office

MetLife
4700 Westown Parkway, Ste. 200
West Des Moines, IA 50266

FOR COMPANY USE ONLY

No. _____

Contract No. _____

1. Employer Information (To be completed by Representative)

Check One: ☒ Existing Group: Employer Group # 12121

☐ New Group: If new group, complete the following:

(a) Employer _____

(b) Plan Name (If different) _____

(c) Address _____

(d) Employee I.D.# (If other than Social Security #) _____ Campus # _____

(e) Plan Participation Date _____

2. MetLife Financial Freedom Select Class Selection

Select One Class — If no class is selected, the B Class will automatically be chosen.

☒ B Class

☐ L Class

3. Certificate Applied for:

☒ 403(b) Tax Sheltered Annuity Check if: ☐ 501(c)(3)

4. Participant

| | | | |
|--|--|--|-----------------------------------|
| Name (First, Middle Initial, Last) <u>JOHN Q DOE</u> | | Marital Status <u>married</u> | Date of Birth <u>2/15/1977</u> |
| Street Address <u>123 MAIN STREET</u> | | Social Security # <u>987-654-321</u> | |
| City, State, ZIP Code <u>ANY TOWN, USA 54321</u> | | Occupation <u>TEACHER</u> | |
| Home Telephone # <u>555-617-5103</u> | Work Telephone # <u>555-444-3128</u> | Are you retired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Specify Citizenship: <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> Other _____ | | |
| E-mail Address: <u>johnndoe@aol.com</u> | | | |

5. Primary and Contingent Beneficiary(ies)

| Beneficiary Type | Name (First, Middle Initial, Last) | Relationship to Participant | Social Security # |
|---|------------------------------------|-----------------------------|-------------------|
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | MARY DOE | WIFE | 123-456789 |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |

6. Contribution

| | Amount | Times per Year |
|---|---------------------------|----------------|
| Employee Salary Reduction ¹ : | | × |
| Additional Amount: | \$1,000.- | × |
| Employee After-tax Deduction: | | × |
| Roth Employee Salary Reduction ¹ : | | × |
| Payroll Effective Date: | 4/15/2012 (mm/dd/yyyy) | |
| Lump Sum Direct Transfer Amount: | | |

Source of Funds for Transfer:

| | | | | | |
|------------------|----------------|------------------|-------------|--------------|---------------|
| Annuity Contract | Pension Assets | Cert. of Deposit | Mutual Fund | Money Market | Bonds |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Stocks | Loan | Life Policy | Endowment | Real Estate | Other |
| _____ | _____ | _____ | _____ | _____ | _____ |
| | | (Maturity Date) | | | (Description) |

¹ I certify that I have entered into a separate salary reduction agreement with my employer for employee salary reduction contributions.**7. Replacement (Must be completed)**

- (a) Do you have any existing individual life insurance or annuity contracts? ☐ Yes ☒ No
If "Yes", applicable disclosure and replacement forms must be attached.
- (b) Will the annuity applied for replace, discontinue, or change one or more existing annuity contracts or life insurance policies? ☐ Yes ☒ No
If "Yes", applicable disclosure and replacement forms must be attached.

(Note: Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.)

| Company Name | Policy/Contract # | Transaction Description (e.g., "Full withdrawal of cash value") | Check (✓) if Rev. Rul. 90-24 Transfer | Check (✓) if Group Life or Annuity |
|--------------|-------------------|--|---|--|
| | | | | |
| | | | | |
| | | | | |

8. Optional Riders (Available at time of application and may not be changed once elected. There are additional charges for the Riders)

Living Benefit Riders* (Check only one or none)

☒ The PredictorSM (Guaranteed Minimum Income Benefit)**

☐ MetLife Lifetime Withdrawal GuaranteeTM

* Not available in all states. State availability must be verified for each of the Living Benefit riders.

Death Benefit Rider

☒ Annual Step-up

** The Guaranteed Minimum Income Benefit (GMIB) may have limited usefulness in a 403(b) plan. Required minimum distributions may have the effect of reducing or, in some cases, entirely eliminating the value of this benefit. If you think you would not exercise the GMIB benefit until after your required beginning date (i.e., April 1st after the later of the year you reach 70½ or the year you separate from service), you should consult your tax advisor to determine if the GMIB is appropriate for your circumstances.

9. Authorization & Signature(s)

(a) Notice to Applicant

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District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Residents Only: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents Only: A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Other Important State Notices

Massachusetts Residents Only: The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Interest Account and reallocation from the Investment Divisions to the Fixed Interest Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Interest Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Interest Account in the future. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED INTEREST ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Continued on page 4

9. Authorization & Signature(s) *Continued from Page 3***(b) Signatures**

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's *Customer Privacy Notice*, the current prospectus for the MetLife Financial Freedom Select, and all required fund prospectuses. I **understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount.** I understand that as required by law MetLife Financial Freedom Select restricts distribution of my 403(b) contributions and earnings on them to the extent required by law until I am 59½, except under certain special situations. This does not restrict tax free transfers to other funding vehicles. I also understand that my contributions and earnings may be restricted as defined in the plan document. I understand that the Internal Revenue Code provides tax deferral for 403(b) arrangements and there is no additional tax benefit obtained by funding a TSA with a variable annuity.

It is conceivable that certain optional death benefits and living benefits could have adverse tax consequences. Consult your own tax advisor prior to purchase.

I understand that certain tax rules regarding designated Roth 403(b) contracts are not clear and that the Company has the right to allocate benefits, credits and charges between the designated Roth account and the non-Roth account under this contract or Certificate using a method it deems reasonable based on existing tax guidance.

Under penalties of perjury, I certify that (a) the Social Security Number shown on this form is my correct number, and (b) I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding and (c) I am a U.S. person (including a U.S. resident alien). (Note that you must cross out item (b) above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)

City & State where application signed Anytown, USA

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

John Q Doe
Signature of Participant

3/20/2012
Date

10. Representative Information

Statement of Representative All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's *Customer Privacy Notice*, prior to or at the time he/she completed the application form. I have also delivered a current MetLife Financial Freedom Select prospectus, and all required fund prospectuses; and reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifunded annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Participant signed this application. The Financial Industry Regulatory Authority (FINRA) is an independent regulator for all securities firms doing business in the United States.

Does the applicant have existing life insurance policies or annuity contracts? ☐ Yes ☒ No

If "Yes", applicable disclosure and replacement forms must be attached.

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? ☐ Yes ☒ No

If "Yes", applicable disclosure and replacement forms must be attached.

(Note: Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.)

John Agent
Signature of Representative

3/20/2012
Date

Printed Representative Name (First, Middle Initial, Last)

JOHN AGENT

State License I.D.#

n/a

STATEMENT OF MANAGER/REGISTERED PRINCIPAL: I have reviewed this application as well as all submitted supplemental material. I believe this sale to be appropriate and suitable for the client based upon this review and the facts and circumstances known to me.

Approved Robert Smith
Signature of Managing Director (or authorized Registered Principal)

3/20/2012
Date

MetLife Metropolitan Life Insurance Company (MetLife)
200 Park Avenue, New York, NY 10166-0188

Administrative Office

MetLife
4700 Westown Parkway, Ste. 200
West Des Moines, IA 50266

Variable Annuity Application

MetLife Financial Freedom Select®

SEP, SIMPLE IRA

Version 1

FOR COMPANY USE ONLY

No. _____

Contract No. _____

1. Employer Information (To be completed by Representative)

Check One: ☒ Existing Group: Employer Group # 12121

☐ New Group: If new group, complete the following:

(a) Employer _____

(b) Plan Name (If different) _____

(c) Address _____

2. MetLife Financial Freedom Select Class Selection

Select One Class — If no class is selected, the B Class will automatically be chosen

☒ B Class ☐ L Class

3. Certificate Applied for:

☒ SEP ☐ SIMPLE IRA

4. Participant (Must Also Be the Annuitant and the Owner)

| | | | |
|---|--|---|---------------------------------------|
| Name (First, Middle Initial, Last) <u>JOHN Q DOE</u> | | Marital Status <u>married</u> | Date of Birth <u>2/15/1977</u> |
| Street Address <u>123 MAIN STREET</u> | | Social Security # <u>987-654-321</u> | |
| City, State, ZIP Code <u>ANYTOWN, USA 54312</u> | | Employee Identification # (If other than Social Security #) | |
| Home Telephone # <u>555-67-5103</u> | Work Telephone # <u>555-444-3128</u> | Occupation <u>TEACHER</u> | |
| Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Specify Citizenship: <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> Other _____ | | |
| Plan Participation Date: <u>1.15.12</u> | Are you retired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | E-mail Address <u>jdoe@aol.com</u> |

5. Primary and Contingent Beneficiary(ies)

| Beneficiary Type | Name (First, Middle Initial, Last) | Relationship to Participant | Social Security # |
|---|------------------------------------|-----------------------------|-------------------|
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | MARY DOE | WIFE | 123-45-6789 |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |

6. Contribution

☒ Employee Salary Reduction¹: _____ × _____
 Amount Times per Year
 Employer Contribution: 1,000 × 12
 Payroll Effective Date: 4/15/2012
 (mm/dd/yyyy)

Lump Sum Direct Transfer Amount/Rollover: _____

Source of Funds for Transfer:

| | | | | | |
|------------------|----------------|------------------|-----------------|--------------|----------------|
| Annuity Contract | Pension Assets | Cert. of Deposit | Mutual Fund | Money Market | Bonds |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Stocks | Loan | Life Policy | Endowment | Real Estate | Other |
| _____ | _____ | _____ | _____ | _____ | <u>✓</u> _____ |
| | | | (Maturity Date) | | (Description) |

¹ I certify that I have entered into a valid separate salary reduction agreement with my Employer meeting the requirements of the Internal Revenue Code for contributions to be made as employee elective deferrals.

7. Replacement (Must be completed)

- (a) Do you have any existing individual life insurance or annuity contracts? ☐ Yes ☒ No
- (b) Have you taken, or will you be taking, any money from a life insurance policy or annuity contract to put into the annuity you are applying for? This includes full or partial withdrawals of dividends or cash values, loans, pledging as collateral, reissuing with less cash value, suspension or reduction of premium loan or purchase payment, automatic premium or invoking an accelerated payment.
- ☐ Yes ☒ No

(Note: If "Yes", the Representative must complete a MetLife Annuity Replacement and Transfer Disclosure Form and provide details below regardless of whether state replacement rules apply. If "No", skip to Section 8.)

| Company Name | Policy/Contract # | Transaction Description (e.g., "Full withdrawal of cash value") | Check (✓) if Trustee to Trustee Transfer | Check (✓) if Group Life or Annuity |
|--------------|-------------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |

8. Optional Riders (Available at time of application and may not be changed once elected. There are additional charges for the Riders)

☒ Annual Step-up Death Benefit

☐ The PredictorSM (Guaranteed Minimum Income Benefit)*

* The GMIB may have limited usefulness in connection with tax-qualified contracts, such as IRA's because if the GMIB is not exercised on or before the date required minimum distributions must begin under a tax qualified plan or IRA, the contract owner or beneficiary might be unable to exercise the GMIB benefit under this Rider due to the restrictions imposed by the minimum distribution requirements. If you plan to exercise the GMIB after your required minimum distribution beginning date under a tax qualified contract or IRA, you should consider whether the GMIB is appropriate for your circumstances. You should consult your tax advisor.

9. Authorization & Signature(s)

(a) Notice to Applicant

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

(b) Signatures

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's *Notice of Privacy Policies and Practices*, the current prospectus for the MetLife Financial Freedom Select, and all required fund prospectuses. **I understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount.** I understand that there is no additional tax benefit obtained by funding an IRA with a variable annuity. I understand that The Internal Revenue Service may take the position that the use of certain death benefit riders may adversely affect the qualification of the IRA contract/certificate. *Please consult the tax section of the prospectus for further details.*

Location where application signed

Anytown, USA 12345

City & State

Signature of Participant

Date

3/20/2012

10. Representative Information

Statement of Representative All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's *Notice of Privacy Policies and Practices*, prior to or at the time he/she completed the application form. I have also delivered a current MetLife Financial Freedom Select prospectus, and all required fund prospectuses; and reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifund annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Participant signed this application. The Financial Industry Regulatory Authority (FINRA) is an independent regulator for all securities firms doing business in the United States.

Do you have reason to believe that the replacement or change of the existing insurance or annuity may be involved?

☐ Yes

☒ No

Signature of Representative

Date

3/20/2012

Printed Representative Name (First, Middle Initial, Last)

State License I.D.#

JOHN Q ABENT

n/a

MetLife**Metropolitan Life Insurance Company(MetLife)**

200 Park Avenue, New York, NY 10166-0188

Variable Annuity Application

MetLife Financial Freedom Select®

SEP, SIMPLE IRA

Version 1

Administrative Office**MetLife**4700 Westown Parkway, Ste. 200
West Des Moines, IA 50266

FOR COMPANY USE ONLY

No. _____

Contract No. _____

1. Employer Information (To be completed by Representative)Check One: ☒ Existing Group: Employer Group # 12121☐ New Group: If new group, complete the following:

(a) Employer _____

(b) Plan Name (If different) _____

(c) Address _____

2. MetLife Financial Freedom Select Class Selection

Select One Class — If no class is selected, the B Class will automatically be chosen

☒ B Class☐ L Class**3. Certificate Applied for:**☒ SEP☐ SIMPLE IRA**4. Participant (Must Also Be the Annuitant and the Owner)**

| | | | |
|--|--|---|---------------------------------------|
| Name (First, Middle Initial, Last) <u>JOHN Q DOE</u> | | Marital Status <u>married</u> | Date of Birth <u>2/15/1977</u> |
| Street Address <u>123 MAIN STREET</u> | | Social Security # <u>987-65-4321</u> | |
| City, State, ZIP Code <u>ANYTOWN, USA 54321</u> | | Employee Identification # (If other than Social Security #) <u>N/A</u> | |
| Home Telephone # <u>555-444-3128</u> | Work Telephone # <u>555-331-3774</u> | Occupation <u>Teacher</u> | |
| Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Specify Citizenship: <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> Other _____ | | |
| Plan Participation Date: <u>1/15/12</u> | Are you retired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | E-mail Address <u>jdoe@aol.com</u> |

5. Primary and Contingent Beneficiary(ies)

| Beneficiary Type | Name (First, Middle Initial, Last) | Relationship to Participant | Social Security # |
|---|------------------------------------|-----------------------------|-------------------|
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | MARY DOE | WIFE | 123-45-6789 |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |

6. Contribution

☒ Employee Salary Reduction¹: 1,000 Amount × 12 Times per Year
 Employer Contribution: _____ × _____
 Payroll Effective Date: 4/15/2012
(mm/dd/yyyy)

Lump Sum Direct Transfer Amount/Rollover: _____

Source of Funds for Transfer:

| | | | | | |
|------------------|----------------|------------------|-----------------|--------------|---------------|
| Annuity Contract | Pension Assets | Cert. of Deposit | Mutual Fund | Money Market | Bonds |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Stocks | Loan | Life Policy | Endowment | Real Estate | Other |
| _____ | _____ | _____ | _____ | _____ | _____ |
| | | | (Maturity Date) | | (Description) |

¹ I certify that I have entered into a valid separate salary reduction agreement with my Employer meeting the requirements of the Internal Revenue Code for contributions to be made as employee elective deferrals.

7. Replacement (Must be completed)

(a) Do you have any existing individual life insurance or annuity contracts? ☐ Yes ☒ No
 If "Yes", applicable disclosure and replacement forms must be attached.

(b) Will the annuity applied for replace, discontinue, or change one or more existing annuity contracts or life insurance policies? ☐ Yes ☒ No
 If "Yes", applicable disclosure and replacement forms must be attached.

(Note: Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.)

| Company Name | Policy/Contract # | Transaction Description (e.g., "Full withdrawal of cash value") | Check (✓) if Trustee to Trustee Transfer | Check (✓) if Group Life or Annuity |
|--------------|-------------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |

8. Optional Riders (Available at time of application and may not be changed once elected. There are additional charges for the Riders)

Living Benefit Riders* (Check only one or none)

☒ The PredictorSM (Guaranteed Minimum Income Benefit)** ☐ MetLife Lifetime Withdrawal GuaranteeTM

* Not available in all states. State availability must be verified for each of the Living Benefit riders.

Death Benefit Rider

☒ Annual Step-up

** The GMIB may have limited usefulness in connection with tax-qualified contracts, such as IRA's because if the GMIB is not exercised on or before the date required minimum distributions must begin under a tax-qualified plan or IRA, the contract owner or beneficiary might be unable to exercise the GMIB benefit under this Rider due to the restrictions imposed by the minimum distribution requirements. If you plan to exercise the GMIB after your required minimum distribution beginning date under a tax qualified contract or IRA, you should consider whether the GMIB is appropriate for your circumstances. You should consult your tax advisor.

9. Authorization & Signature(s)

(a) Notice to Applicant

Arkansas, Louisiana, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Residents Only: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents Only: A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Other Important State Notices

Massachusetts Residents Only: The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Interest Account and reallocation from the Investment Divisions to the Fixed Interest Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Interest Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Interest Account in the future. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED INTEREST ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Continued on page 4

9. Authorization & Signature(s) *Continued from Page 3***(b) Signatures**

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's *Customer Privacy Notice*, the current prospectus for the MetLife Financial Freedom Select, and all required fund prospectuses. I understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount. I understand that there is no additional tax benefit obtained by funding an IRA with a variable annuity. I understand that The Internal Revenue Service may take the position that the use of certain death benefit riders may adversely affect the qualification of the IRA contract/certificate. Please consult the tax section of the prospectus for further details.

Under penalties of perjury, I certify that (a) the Social Security Number shown on this form is my correct number, and (b) I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding and (c) I am a U.S. person (including a U.S. resident alien). (Note that you must cross out item (b) above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)

City & State where application signed

Anytown, USA

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Participant

John Q Doe

Date

3/22/2012

10. Representative Information

Statement of Representative All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's *Customer Privacy Notice*, prior to or at the time he/she completed the application form. I have also delivered a current MetLife Financial Freedom Select prospectus, and all required fund prospectuses; and reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifunded annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Participant signed this application. The Financial Industry Regulatory Authority (FINRA) is an independent regulator for all securities firms doing business in the United States.

Does the applicant have existing life insurance policies or annuity contracts? ☐ Yes ☒ No

If "Yes", applicable disclosure and replacement forms must be attached.

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? ☐ Yes ☒ No

If "Yes", applicable disclosure and replacement forms must be attached.

(Note: Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.)

Signature of Representative

John Agent

Date

3/22/2012

Printed Representative Name (First, Middle Initial, Last)

JOHN AGENT

State License I.D.#

n/a

STATEMENT OF MANAGER/REGISTERED PRINCIPAL: I have reviewed this application as well as all submitted supplemental material. I believe this sale to be appropriate and suitable for the client based upon this review and the facts and circumstances known to me.

Approved

Robert Smith

Signature of Managing Director (or authorized Registered Principal)

Date

3/22/2012

SERFF Tracking Number: METK-128538427 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFSS)
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: Group Variable Annuity Application (MFSS)
Project Name/Number: Group Variable Annuity Application (MFSS)/FFS 403B APP VER1 (06/12)

Supporting Document Schedules

| | Item Status: | Status Date: |
|--|--------------|--------------|
| Bypassed - Item: Flesch Certification | | |
| Bypass Reason: Not applicable to this filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--------------------------------------|--------------|--------------|
| Satisfied - Item: Application | | |
| Comments: | | |
| See Form Schedule tab. | | |

| | Item Status: | Status Date: |
|--|--------------|--------------|
| Bypassed - Item: Life & Annuity - Acturial Memo | | |
| Bypass Reason: Not applicable to this filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|--------------|--------------|
| Satisfied - Item: Certification | | |
| Comments: | | |
| Attachment: | | |
| AR (MET) Certification.pdf | | |

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Satisfied - Item: Statement of Variability | | |
| Comments: | | |
| Attachment: | | |
| SoV Applications.pdf | | |

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

State of Arkansas

Certification

We certify compliance with Articles VI, VII, IX, and XI of Rule and Regulation 33 and all other applicable requirements of the Arkansas Insurance Department.

Bennett D. Kleinberg

Print Name



July 9, 2012

Date

Signature

Vice President & Senior Actuary

Title

Metropolitan Life Insurance Company
June 18, 2012

Statement of Variability
For use with forms:

FFS 403B APP VER1 (06/12)
FFS-VER1 LGWB-R (06/12)
MFFSVER1APP SS (06/12)
MFFSVER1-SS-LGWB (06/12)

| Bracketed Items | Possible Variations |
|---|---|
| Company Address Administrative Office | These fields are bracketed to allow us to change the address or zip code if necessary |
| MetLife Financial Freedom Select Class Selection | The product classes are bracketed to permit changes to the marketing names and product class availability. |
| Contributions | <p>The ability to change the types of contributions that will be available. For example, the introduction of the Roth IRA.</p> <p>The Source of Funds may contain some or all of the possible choices shown or any other source that may become acceptable in the future.</p> |
| Optional Riders | <p>These are optional features available for an extra charge that are only made available at time of application and attached to the certificate at issue via a rider or endorsement.</p> <p>As new riders or endorsements are approved by the Department, this section will be updated to reflect the marketing name and endorsement name. If a rider or endorsement is not approved in your state, we will note that.</p> |
| Notice to Applicant | The ability to add Notices if required by states and to facilitate language changes due to future state requirements. |